

# Self Crash Report

STATE OF NEW MEXICO  
UNIFORM CRASH REPORT

0000000

REPORTING DEPARTMENT

<input type="checkbox"/> ON PRIVATE PROPERTY	<input type="checkbox"/> FATAL INJURY	<input type="checkbox"/> PROPERTY DAMAGE ONLY	<input type="checkbox"/> UNDER \$500	<input type="checkbox"/> Over \$500	<input type="checkbox"/> HIT AND RUN	Case Number: <b>Sample</b>
NMDOT:						

DATE OF CRASH M/D/YR <b>1/1/2001</b>	MILITARY TIME <b>17:00</b>	CITY OCCURRED IN <b>Los Lunas</b>	COUNTY <b>Valencia</b>
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SUN <input type="checkbox"/>	M <input type="checkbox"/>	Tu <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	OCCURRED ON: (Route No. or Name) <b>Main Street</b>	AT INTERSECTION WITH: <b>Highway 314</b>	TRIBAL LAND? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OTHER LOCATION	<input type="checkbox"/> FEET	<input type="checkbox"/> MILES	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	Of:	PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST	LAT:	LONG:
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CRASH OCCURRED <input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	CRASH CLASSIFICATION <input type="checkbox"/> Overturned <input type="checkbox"/> Rollover	<input type="checkbox"/> Other N-Col	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Vehicle on Other Rdwy	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Other Object	ANALYSIS CODE:
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VEHICLE NO. HEADED <b>1</b>	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On: <b>Main Street</b>	Posted Speed <b>30</b>	Safe Speed <b>30</b>
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Driver's Full Name <b>John Q. Public</b>	Address <b>any street</b>
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Driver's License Number <b>00000000</b>	State <b>NM</b>	Type <b>D</b>	Restrictions <b>OO</b>	Expires <b>01/01/01</b>	City/State <b>Los Lunas, New Mexico</b>	Zip Code <b>87031</b>	Phone <b>505 000 0000</b>
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Date of Birth - M/D/YR <b>00/00/00</b>	Social Security Number <b>Nothing here</b>	Occupation	Age <b>21</b>	Sex (M/F) <b>M</b>	Race <b>H</b>	Injury Code <b>*</b>	OP Code <b>*</b>	DP Used <b>Y</b>	Airbag Deploy <b>N</b>	Ejected <b>N</b>	EMS#
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Seat	Occupant's Name	Occupant's Address (City, State, Zip)
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Vehicle Yr. <b>2006</b>	Vehicle Make <b>Chev</b>	Color <b>Whi</b>	Body Style <b>PC</b>	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2) <b>P</b>	Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overall Vehicle Damage <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None	Extent <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None	<input type="checkbox"/> RF <input type="checkbox"/> RR
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License Yr. <b>08</b>	State <b>NM</b>	License Plate Number <b>769TON</b>	VIN <b>126789101112</b>	Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LR
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US DOT	ICC Docket #	Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Top <input type="checkbox"/> Undercarriage
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Number of Axles	Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> < OR = 10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> > 26,000	Hazmat Placard 4 digit #	OR	Hazmat Name	AND	1 digit #	Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Carrier's Name	Carrier's Address	Carrier's Zip
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Owner's Name <b>John Q. Public</b>	Owner's Address <b>Any Street, Los Lunas, New Mexico</b>	Owner's Zip <b>87031</b>	Owner's Telephone <b>505 000 0000</b>
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Insured By: (Name of Company) <b>What ever</b>	Policy Number <b>123456</b>	Liability Insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Trailer or Towed vehicles	Type	Year	Make	License Yr.	License State	License Number
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Vehicle No. HEADED <b>2</b>	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	On:	Posted Speed	Safe Speed
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Driver's Full Name	Address
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Driver's License Number	State	Type	Restrictions	Expires	City/State	Zip Code	Phone
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Date of Birth - M/D/YR	Social Security Number	Occupation	Age	Sex (M/F)	Race	Injury Code	OP Code	DP Used	Airbag Deploy	Ejected	EMS#
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Seat	Occupant's Name	Occupant's Address (City, State, Zip)
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Vehicle Yr.	Vehicle Make	Color	Body Style	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)	Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overall Vehicle Damage <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None	Extent <input type="checkbox"/> Disabling <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None	<input type="checkbox"/> RF <input type="checkbox"/> RR
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License Yr.	State	License Plate Number	VIN	Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LF <input type="checkbox"/> LR
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US DOT	ICC Docket #	Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Top <input type="checkbox"/> Undercarriage
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Carrier's Name	Carrier's Address	Carrier's Zip
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Owner's Name	Owner's Address	Owner's Zip	Owner's Telephone
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Insured By: (Name of Company)	Policy Number	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer or Towed vehicles	Type	Year	Make	License Yr.	License State	License Number
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Crash Report Number <b>0000000</b>	Case Number <b>Sample</b>	STATE OF NEW MEXICO UNIFORM CRASH REPORT	SHEET
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STATE OF NEW MEXICO UNIFORM CRASH REPORT	OF SHEETS
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NMDOT, CRASH RECORDS SECTION, PO BOX 1149 SANTA FE	OF SHEETS
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ROAD - WEATHER	LIGHTING (Check 1)	WEATHER (Check 1)	ROAD COND (Check 1 for each)	ROAD SURFACE (Check 1 for each)	TRAFFIC CONTROL (Check 1 for each)	ROAD CHARACTER (Check 1)	Crash Report Number <b>0000000</b>	
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark - Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	V1 V2 <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush	V1 V2 <input type="checkbox"/> Paved Unstripped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	V1 V2 <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Field Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check 1) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	<input type="checkbox"/> Straight <input type="checkbox"/> Curve	Case Number <b>Sample</b>
						ROAD DESIGN (Check 1 OR more for each)		
						V1 V2 <input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider		V1 V2 <input type="checkbox"/> One Way <input type="checkbox"/> Ramp <input type="checkbox"/> Full Access Control <input type="checkbox"/> Undeveloped <input type="checkbox"/> Alley <input type="checkbox"/> Other <input type="checkbox"/> Constr. Zone

EVENT	APPARENT CONTRIBUTING FACTORS (Check 1 or more for each)				WHAT DRIVERS WERE DOING (Check 1 or more for each)				SEQUENCE OF EVENTS						
	V1 V2 <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for cond. <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact -other <input type="checkbox"/> Cell phone <input type="checkbox"/> Low Visibility due to smoke	V1 V2 <input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield Police Veh(s) <input type="checkbox"/> Failed to yield-Emergency Veh(s) <input type="checkbox"/> High speed pursuit	V1 V2 <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mech. defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No DVR error <input type="checkbox"/> Trfc ctrl not funct. <input type="checkbox"/> Impropr lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None	V1 V2 <input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking /Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing	V1 V2 <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped 4 sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start frm park <input type="checkbox"/> Parked <input type="checkbox"/> Other	V1 V2		FIRST EVENT		SECOND EVENT		THIRD EVENT		FOURTH EVENT	

DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Check 1 or more for each with X)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)		PEDESTRIAN	PEDESTRIAN ACTION					
	<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Breath Test Administered _____ gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Refused Test		V1 V2 <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> III	V1 V2 <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment		At Intersection		Not at Intersection			
						V1 V2 <input type="checkbox"/> With Signal <input type="checkbox"/> Against Sign. <input type="checkbox"/> No Signal <input type="checkbox"/> Diagonal	V1 V2 <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other	V1 V2 <input type="checkbox"/> Walking Against Traff <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road			
		*SPECIFY:				*SPECIFY:					

Describe what happened - refer to vehicles by number.

NARRATIVE	<p>Mark the appropriate boxes above. Remember V1 stands for Vehicle 1. In here write out a narrative of what occurred.</p>			
	<p>Use Diagram/Narrative Sheet for additional information</p>			
	<p>DESCRIPTION OF PROPERTY AND DAMAGE</p>			

OTHER PROPERTY INVOLVED	DESCRIPTION OF PROPERTY AND DAMAGE		
	Owner's Name	Owner's Address	Owner's Zip Code
			Owner's Telephone

WITNESS	NAME	AGE	ADDRESS	TELEPHONE
	List witnesses here			
	Beyond this section only the date			

ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
	*****	*****	*****	<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending
	*****	*****	*****	<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending

Time Notified	Time Arrived	Notified By	Supervisor at Scene	Checked By
*****	*****	*****	*****	*****

Officer's Signature	Printed Officers Name	Rank	ID No	District	Date of Report
	*****	*****	*****	*****	

Crash Report Number <b>0000000</b>	<b>STATE OF NEW MEXICO UNIFORM CRASH REPORT</b>	SHEET
Case Number <b>Sample</b>	<b>NMDOT, CRASH RECORDS SECTION, PO BOX 1149 SANTA FE</b>	OF SHEETS

**DIAGRAM/NARRATIVE**  
Use Additional Sheets As Necessary

CRASH REPORT NUMBER  
**00000000**

CASE NUMBER  
**Sample**

DIAGRAM DRAWN BY:

MEASUREMENTS TAKEN BY:



Indicate  
North  
By  
Arrow

Crash Report Number **0000000**  
Case Number **Sample**

**STATE OF NEW MEXICO UNIFORM CRASH REPORT**  
**NMDOT, CRASH RECORDS SECTION, PO BOX 1149 SANTA FE**

SHEET  
OF SHEETS